INSTRUCTIONS:

For all of the days figures requested, only report ICF-MR Occupied bed days. Separate any Piedmont Counties of Residence Medicaid occupied bed days.

Column A: Enter the number of Medicaid days for each of the months specified. Enter the number of ICF-MR occupied bed days paid or payable by North Carolina Medicaid through the ICF-MR program reimbursement for the specified month. Include any Medicaid pending days (note these figures may not agree with EDS figures).

Column B: Enter the number of Private days for each of the months as specified. Enter the number of any ICF-MR occupied bed days not paid or payable by either Medicare or Medicaid as an ICF-MR facility day. This includes all ICF-MR Bed days that are paid for privately by the patients with cash or private long care insurance.

Item C: Add the amount from columns A and B and enter the result in column C for each of the listed months.

Item D: Sum amounts in column C and enter the total here

Item E: The daily provider assessment $9.33 amount.

Item F: Multiply item D by item E and enter the result here. This is the retroactive assessment amount that is to be paid to the **DHHS Accounts Receivable, 2022 Mail service Center, Raleigh, NC 27699** no later than **June 3, 2005.**